



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER RESOURCES



APPLICATION FOR CLASS I, II, & III ISDS DESIGNER'S LICENSE EXAM

FOR DEM USE ONLY

Date Received _____ Check No. _____ Amt. Received _____ Code 17B

INSTRUCTIONS

1. Read all instructions and questions carefully before completing this application.
2. Do not write in the box above labeled "For DEM Use Only".
3. All information must be printed in ink or type written.
4. Fill out all sections completely, including your signature.
5. Attach a photograph to the application where indicated.
6. Include the non-refundable application fee of \$50.00. Fees should be paid by check or money order made payable to **GENERAL TREASURER, STATE OF RHODE ISLAND.**
7. Send application and fee to: **Department of Environmental Management, Office of Management Services, 235 Promenade Street, Providence, RI 02908.**

Within 30 days of receipt of an application, the applicant shall be notified of their eligibility status. If the applicant is deemed ineligible, the Department shall provide the applicant with reasons for the determination. The applicant may appeal the Director's decision of ineligibility with the Administrative Adjudication Division.

GENERAL INFORMATION

Social Security No. _____ - ____ - _____ D.O.B. ____ / ____ / _____

Last Name _____ First Name _____ MI _____

Legal Mailing Address _____

City _____ State _____ Zip _____ (_____) _____
Telephone _____

PHOTOGRAPH

Attach unmounted recognizable photograph in this space with face not more than 1 inch and not less than 3/4 inches wide. Photo must be taken not more than six months prior to filing application.

PRE-QUALIFICATIONS

Check exam for which you are applying (*check one exam only*) and **provide applicable license information:**
(To apply for an exam, you must hold at a minimum, the license indicated next to the exam for which you are applying.)

Class I ☐ RIDEM ISDS Installer # _____ **Class II** ☐ RI PLS # _____ **Class III** ☐ *RI PE # _____

Indicate additional license(s) held as appropriate

RIDEM ISDS Installer # _____

RI PLS # _____

*RI PE # _____

***NOTE to PEs:** If you registered in Rhode Island after December 31, 1994 you must be registered as a Civil or Environmental Engineer. If applicable, indicate the area of specialty. ☐ Civil ☐ Environmental

PRE-QUALIFICATIONS (continued)

Are any of the licenses checked on the reverse of this form currently expired, suspended, or revoked? Yes ☐ No ☐

Have you ever possessed a professional license, which is a minimum requirement to obtain a RIDEM designer's license, which was revoked, suspended or which has expired? Yes ☐ No ☐

If yes, what type of license _____.

If yes, please give date of revocation, suspension or expiration _____.

CURRENT EMPLOYMENT

Name of employer: _____

Position: _____

Address: _____
Street

City State Zip

() _____
Telephone

EXAMINATION SCHEDULE

All ISDS licensing examinations are administered once annually. When the examination schedule is established, it is posted to the DEM website www.state.ri.us/dem. Select "Programs", then "ISDS", then the link to the "ISDS Installer and Designer Licensing Program". Schedule information may also be obtained by calling the ISDS Program at 222-4700, extension 7710.

AFFIDAVIT

I, the undersigned Applicant, hereby declare under the penalty of perjury that all statements made on this application and in support thereof are true and complete to the best of my knowledge and belief; that this application is made in compliance with the laws, rules, and regulations of the State of Rhode Island.

Signature of Applicant _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary _____ My Commission expires _____, 20_____.

(SEAL)